

# MEDCOM NOW

*Office of the Army Surgeon General and Army Medical Command*

## MEDCOM NOW

*a newsletter highlighting  
the challenges and  
successes of  
Army Medicine*

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## AMAP Update—Staff Assistance Visits

We are now in Phase III of the Army Medical Action Plan (AMAP). During this phase, (July 16 – Sept. 3, 2007,) we will initiate **Staff Assistance Visits** to our newly activated Warrior in Transition Units (WTUs). Our purpose during these visits is to ensure WTU commanders understand the new AMAP standards and provide them with any assistance they may need to implement the new standards as directed by HQDA EXORD 118-07 [Healing WARRIORS] and MEDCOM OPORD 07-55.

Personnel from the Army Medical Department (AMEDD) and Regional Commands, Installation Management and Human Resources Commands and other agencies, will serve as members of the staff assistance visit team. Altogether there are four teams (A, B, C & D) whose members are skilled in medical, case management, services, facilities and National Guard and Reserve issues. Each team has a designated team leader who will contact the WTU installation and military treatment facility commanders to coordinate the visit.

Training for team leaders and other staff assistance visit team members will be held July 23, 2007, at Walter Reed and Brooke Army Medical Center. Following the training, team members will conduct a BETA or first site assessment July 24–26, at these two locations to evaluate the standards and validate the processes before visiting the other designated WTU locations.

Upon their arrival at the WTU, the team leader and staff assistance visit team members will perform an in-brief with the MTF, garrison and senior mission commanders and WTU staffs members to discuss the AMAP standards, Phase I Quick Wins, the WTU self assessment and any other specific concern or assistance the WTU may have. The goal for the visits is to provide support and assistance to help the WTUs achieve initial operational capability by Sept. 3, 2007. At the end of their visit, the staff assistance team will conduct an out-brief of their findings and recommendations with the WTU command group.

## Staff Assistance Visits—WTU Schedule

The schedule for the staff assistance visits to designated Army WTUs is as follows.

Team (s)	Location	Dates
A & B	Walter Reed Army Medical Center, Washington, DC (BETA)	July 24–26, 2007
C & D	Brooke Army Medical Center Fort Sam Houston, Texas (BETA)	July 24–26, 2007

\*Note: All dates and locations for scheduled WTU visits are subject to change.

**Distinguished Flags and Guidons for WTUs.**

*Effective July 16, 2007, WTU commanders may forward a request to the Army Medical Command (MEDCOM) for a unit flag and guidon. All request sent to MEDCOM must be accompanied by a copy of the WTU's validated Table of Distribution and Allowance (TDA).*

*Upon receipt, MEDCOM will review the request and if approved, send a reference number to the WTU commander who may then order the flag, guidon or both online.*

*The establishment of flags and guidons are for WTUs that have a validated Table of Distribution and Allowance. Provisional WTUs are not authorized distinguished flags or guidons.*

*Personnel assigned to the WTU may not design their own flag or guidon. There is no provision in the regulation to allow for an exception to this policy.*

*WTUs with 300 or more authorized military personnel (such as battalions) are authorized to have a distinguished flag. The design of the flag is maroon, centered with the medical insignia in white, 16 inches high. Below the insignia is a scroll inscribed "Warrior Transition Battalion." The fringe is white. TDA battalions are not authorized battalion colors.*

*WTUs with 20 or more authorized personnel (companies or detachments) are authorized guidons. Detachments, platoons and squads that are integral to a company are not authorized a separate guidon.*

*Guidons are made of made of nylon or bunting cloth, 20 x 27 inches and the tail end is forked 10 inches. The background is maroon and the medical insignia is centered with nothing above or below the insignia.*

*For additional information, contact Army LTC Clodeth Findley at (202) 221-8762 (DSN 471) or by e-mail at [clodeth.findlav@amedd.army](mailto:clodeth.findlav@amedd.army).*

**Staff Assistance Visit—WTU Schedule (cont.)**

<b>Team</b>	<b>Location</b>	<b>Dates</b>
B	Womack Army Medical Center <i>Fort Bragg, N.C.</i>	July 31– Aug. 2, 2007
C	Carl R. Darnall Army Medical Center <i>Fort Hood, Texas</i>	July 31– Aug. 2, 2007
D	Tripler Army Medical Center <i>Honolulu, HI</i>	July 31– Aug. 2, 2007
D	Madigan Army Medical Center <i>Fort Lewis, Wash.</i>	Aug. 6–8, 2007
B	Fort Drum MEDDAC <i>Fort Drum, N. Y.</i>	Aug. 7–9, 2007
D	Fort Richardson MEDDAC <i>Fort Richardson, Ark.</i>	Aug. 9–10, 2007
A	Ireland Army Community Hospital <i>Fort Knox, Ky.</i>	Aug. 14–16, 2007
C	William Beaumont Army Medical Center <i>Fort Bliss, Texas</i>	Aug. 14–16, 2007
A	Eisenhower Army Medical Center <i>Fort Gordon, Ga.</i>	Aug. 21–23, 2007
C	Irwin Army Community Hospital <i>Fort Riley, Kan.</i>	Aug. 21–23, 2007
B	Winn Army Community Hospital <i>Fort Stewart, Ga.</i>	Aug. 28–30, 2007
C	Evans Army Community Hospital <i>Fort Carson, Colo.</i>	Aug. 28–30, 2007
A	Martin Army Community Hospital <i>Fort Benning, Ga.</i>	Sept. 11–13, 2007
B	Blanchfield Army Community Hospital <i>Fort Campbell, Ky.</i>	Sept. 18–20, 2007

\*Note: All dates and locations for scheduled WTU visits are subject to change.

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**Coming Events**

**AMAP WTU Site  
Visits**

July 23 - Sept. 20,  
2007

**Force Health  
Protection  
Conference**

Aug. 4-10, 2007

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**Contact  
MEDCOM NOW**

Submit good news features to  
OTSG /MEDCOM  
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## Army Chain Teaching Program—Post Traumatic Stress Disorder/Mild Traumatic Brain Injury

Estimates from the current war show that approximately 10 to 20 percent of Soldiers returning from combat operations in Iraq and Afghanistan may suffer with symptoms of post traumatic stress disorder (PTSD). Some returning Soldiers may also suffer a mild traumatic brain injury (mTBI) also known as a concussion, which has many similar symptoms to PTSD.

PTSD is a condition that may occur upon experiencing a terrifying physical or emotional event. Soldiers suffering with PTSD may feel chronically and emotionally numb often referred to as "shell shock" or "battle fatigue". Mild TBI may cause Soldiers to exhibit behavioral health symptoms such as sleep and memory problems, confusion, blurred vision, ringing of the ears and irritability. For some Soldiers, these symptoms may go away in a year or less. For others, the effects may last for a life time.

The Army and AMEDD, in an effort to educate Soldiers and Family members on these two conditions and also to reduce the stigma associated with Soldiers who seek care, launched a PTSD/MTBI Chain Teaching Program across the Army on July 18, 2007.

The Chain Teaching Program is a "Leaders Teaching Soldiers" program. It is being rolled-out initially to leaders in the chain of command who will then present it to Soldiers. All Army components (Active, National Guard and Reserves) must complete the training within 90 days of launch, or by no later than Oct. 18. The training information along with the trainer's guide and script are available to Army leaders and Soldiers on the Army Knowledge Online Web site, the Army home page [www.army.mil/news/health/](http://www.army.mil/news/health/) and the Army Behavioral Health Web site at: [www.behavioralhealth.army.mil/](http://www.behavioralhealth.army.mil/). A related program for Family members is also available on the Army home page and behavioral site.

## Warrior in Transition Mission

"I am a Warrior in Transition. My job is to heal as I transition back to duty or become a productive, responsible citizen in society. This is not a status but a mission. I will succeed in this mission because I am a Warrior."

## The Way Ahead

In a time when most of modern medicine has become all about business, Army medicine and those who provide it are about quality compassionate care. I am grateful to our Warriors in Transition for their service and contributions and honored to serve as your Acting Surgeon General.

In support of our Warriors and Family members we are  
Army Strong!

### Major General Gale S. Pollock

Commander, US Army Medical Command  
Acting, The Surgeon General

